PTO/SB/17 (05-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Application No		5,961-Conf. #2798		
				Filing Date		November 10, 2003		
				First Named I	***************************************	ar WESTMAN		
For FY 2007				Examiner Nan	e	B. I. Dentz		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1625		
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docki	et No.	2921-0150PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of X Credit any overpayments [X] Charge any additional fee(s) or underpayments of X Credit any overpayments								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type Fe		nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
	00	150	500	250	200	100	***************************************	
Design 2	200	100	100	50	130	65		
Plant 2	:00	100	300	150	160	80		
Reissue 3	00	150	500	250	600	300		
Provisional 2	:00	100	0	0	0	0		 .
2. EXCESS CLAIM FEES						****		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissnes)							200	100
Multiple dependent claims							360	180
Total Claims				*Bid (\$)	Multiple Dependent Claims			
20 -24 = 0 x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							3	
Indep Claims Extra Claims Fee (\$) Fee Paid (\$)								
4 -4= 0 x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1252 Extension for response within second month 450.00								
SUBMITTED BY Signature		/ 	······	Registration No.	20.004	T	· · · · · · · · · · · · · · · · · · ·	
	minimi	بيستعد	,	(Attorney/Agent)	32,334	Telephone	(703) 205	>-8026
Name (Print/Type) Jibe McKinney	Muncy			······································		Date	May 21,	2007